

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

BERIA NO. 10521548 FILING DATE

APPLICANT(S)

1/12/05 8/12/05 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/	/	
2		/	/	
3		/	/	
4		/	/	
5		/	/	
6		/	/	
7		/	/	
8		/	/	
9		/	/	
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50				
TOTAL IND.		2	2	
TOTAL DEP.		20	20	
TOTAL CLAIMS	22	22		

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					